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SCULLY, SCOTT, MURPHY & PRESSER

Fax

To: US Patent & Trademark Office
Refund Section, Accounting Division
Office of Finance

From: Linda Hagemeyer/Office Manager

Fax: 703-308-5077

Pages: 2

Docket 18638 10/523,756

Date: May 10, 2005

Re: Deposit Account No. 19-1013

Attn: Refund Section, Office of Finance

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

810
This is a request for a refund in the amount of \$100.00 charged to our Deposit Account No. 19-1013 on February 15, 2005 under fee code 1616. Based on a conversation with the Office of Finance at the United States Patent and Trademark Office, it was determined that said charge was related to the search fee. A search fee in the amount of \$400.00 was paid with the filing of the application. The deposit account was charged the additional \$100.00 fee as it was believed that the search fee should be \$500.00.

It is respectfully submitted that an application search fee of \$400.00 is proper where an international search report has been prepared and provided with the filing of the application. The subject filing was accompanied by a copy of the international search report and therefore the \$400.00 search fee paid by the applicant was correct. This change in the fee schedule applies to national patent applications filed on or after December 8, 2004, and to international applications in which the basic national fee is paid on or after December 8, 2004 (see notice at beginning of the USPTO FY2005 Fee Schedule). Accordingly, the \$100.00 fee charged to our deposit account was improper and a refund of said amount is respectfully requested.

A copy of the Deposit Account is enclosed showing the charge.

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Adjustment Date: 06/21/2005 RWHITE1
02/15/2005 LLANDGRA 00000073 10523756
02 FC:1632 -500.00 OP
06/21/2005 RWHITE1 00000003 10523756
01 FC:1642 400.00 OP

Repln. Ref: 06/21/2005 RWHITE1 0013244900
DAN:191013 Name/Number:10523756
FC: 9204 \$100.00 CR

Deposit Account Statement

Page 1 of 2


**United States
Patent and
Trademark Office**
**Deposit Account Statement**

Requested Statement Month: February 2005
Deposit Account Number: 191013
Name: SCULLY, SCOTT, MURPHY & PRESSER
Attention: LINDA ANN HAGEMEYER
Address: A PROFESSIONAL CORPORATION
City: GARDEN CITY
State: NY
Zip: 11530-0299
Country: UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
02/01	1289	78557586	1030/1047	7001	\$325.00	\$27,368.88
02/02	1108	10504728	17811	8021	\$40.00	\$27,328.88
02/03	194	10504727		8021	\$40.00	\$27,288.88
02/04	110	1005499	66/1014	8521	\$40.00	\$27,248.88
02/04	111	1005499	66/1014	8522	\$25.00	\$27,223.88
02/07	1	2471891	1574/1004	8521	\$40.00	\$27,183.88
02/07	2	2471891	1574/1004	8522	\$25.00	\$27,158.88
02/07	61	10312437	16155	8021	\$40.00	\$27,118.88
02/08	18	10410702	16460	1251	\$120.00	\$26,998.88
02/08	100	11048607		9204	-\$125.00	\$27,123.88
02/08	960	78364048	655/1011	7001	\$325.00	\$26,798.88
02/09	44	10063915	15574	1801	\$790.00	\$26,008.88
02/09	45	10063915	15574	1464	\$130.00	\$25,878.88
02/10	219	10410702	16460	8021	\$40.00	\$25,838.88
02/11	544	PCT/US05/03069	18372	1701	\$61.00	\$25,777.88
02/11	546	PCT/US05/03069	18372	8007	\$20.00	\$25,757.88
02/11	1250	78383358	655/1017	7001	\$325.00	\$25,432.88
02/11	1568	78565431	1817/1002	7001	\$650.00	\$24,782.88
02/14	179	10523649	18580	1616	\$100.00	\$24,682.88
02/14	685	78165862		7004	\$450.00	\$24,232.88
02/15	134	78345389	1664/1001	6001	-\$375.00	\$24,607.88
02/15	135	78345389	1664/1001	6001	\$335.00	\$24,272.88
02/15	139	1878363	66/1140	7205	\$600.00	\$23,672.88
02/15	140	1878363	66/1140	7201	\$2,400.00	\$21,272.88
02/15	178	10501356	18005	8021	\$40.00	\$21,232.88
02/15	297	10523756	18638	1616	\$100.00	\$21,132.88
02/16	360	76360301	709/1024	7004	\$300.00	\$20,832.88

5000 6/21/05

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>5/10/05</u>		2 Serial/Patent # <u>523756</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>			\$ <u>100.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>
		8 TO BE REFUNDED BY: <u>CC</u>		
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	9 <u>19--1013</u>		
<input type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>		
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>		
OFFICE: <u>DO/EO</u>				
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